

Lodi Memorial Hospital

2017 Community Health Plan
(Implementation Strategy)
2016 Update/Annual Report



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Adventist Health Overview

Lodi Memorial Hospital is an affiliate of Adventist Health, a faith-based, nonprofit, integrated health system headquartered in Roseville, California. We provide compassionate care in more than 75 communities throughout California, Hawaii, Oregon and Washington.



OUR MISSION:

Living God's love by inspiring health, wholeness and hope.

OUR VISION:

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Adventist Health entities include:

- 20 hospitals with more than 2,700 beds
- More than 260 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Workforce of 32,900 includes more than 23,600 employees; 5,000 medical staff physicians; and 4,350 volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.



Dear Friends and Colleagues,

I am pleased to announce the completion of this collaborative community health plan (CHP) in conjunction with many local stakeholders and the larger San Joaquin County work group. We've created this plan in keeping with the findings of the community health needs assessment (CHNA) completed in 2016.

The workgroup has identified primary focus areas, set performance measures and created an outline that will drive this informed plan over the next three years in the quest for improved community health and well-being. Several of the identified focus areas are not unique to Lodi, but the sign of a growing national epidemic. To that end, we are not alone in our resolve to reverse chronic disease trends and impacts on our community members today and in the future.

With the implementation of this community health plan, it is our hope that the health of Lodi and surrounding area residents will be improved and residents will experience a higher level quality of care. We will rely heavily on community partners, external stakeholders as well as community representatives to move this plan into action.

The community advisory board extends its gratitude to those community members who provided valuable input and feedback by participating in the focus groups and surveys. The involvement of the community is critical to our success. Thank you for taking time to read this plan and for your interest in improving the health of our greater Lodi community.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Wolcott". The signature is fluid and cursive, written over a light blue rectangular background.

Daniel Wolcott
President/CEO
Lodi Memorial Hospital

Hospital Identifying Information



FACILITY CONTACT INFO AND BASIC STATS

Number of Beds: 190

Mailing Address: 975 S. Fairmont Ave., Lodi CA 95240

Contact Information: 209.334.3411

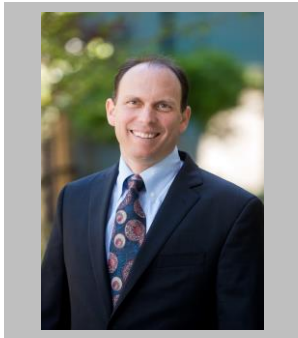
Existing healthcare facilities that can respond to the health needs of the community:

In 1952, Lodi Memorial Hospital began as a community funded hospital, offering comprehensive care to residents, and growing to become one of the most advanced facilities in its service area.

Lodi Memorial Hospital works with a broad range of primary care and specialty physicians through Lodi Memorial Hospital Physician Services and offers 15 convenient multi-specialty clinics located in Lodi, Stockton, Galt and Ione.

Lodi Memorial Hospital is home to a medical staff comprised of more than 300 physicians, employs nearly 1,400 caregivers and support staff, and has 150 volunteers dedicated to providing outstanding medical care.

Community Health Development Team



Daniel Wolcott

President/CEO

Lodi Memorial Hospital



Jason Whitney

Vice President, Operations

Lodi Memorial Hospital



Kevin Attride

Assistant Vice-President, Population Health

Lodi Memorial Hospital



Janelle Meyers

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Director of Marketing

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx> or AdventistHealth.org/communitybenefit

Invitation to a Healthier Community

Fulfilling Adventist Health's Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must consider health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan marks the second phase in a collaborative effort to systematically investigate and identify our community's most pressing needs. After reviewing the health status of our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address using our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, "to share God's love by providing physical, mental and spiritual healing."

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. Thus, Lodi Memorial Hospital has adopted the following priority areas for our community health investments for 2017-2019:

- **Wellness (Diabetes and Obesity Prevention)**
- **Access to Care (Including Mental Health)**
- **Youth Development**

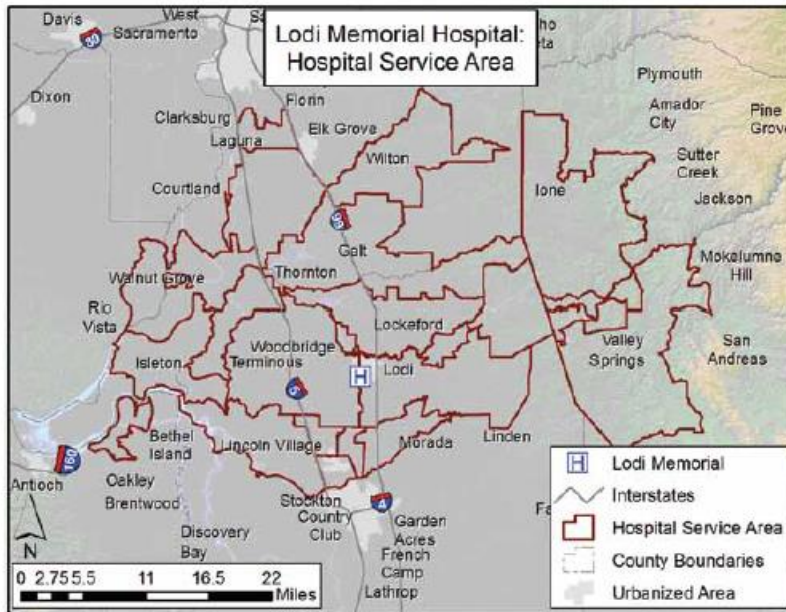
Additionally, as we engage in a process of continuous quality improvement, we ask the following questions for each priority area:

- Are our interventions making a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.

Community Profile

How our Community is Defined



Lodi Memorial Hospital's primary geographical service area spans three counties, San Joaquin, Sacramento and Amador. The hospital primary service area includes over 122,000 residents, and the community represents a span of ethnic and economic diversity.

Demographics of the Community

Here are some helpful statistics:

- The median age is 35 years old. Nearly 27% of the population is under the age of 18 and 14% is greater than 65 years of age.
- Roughly 48% of the population is male and 51% is female.
- 66% of the population is White, 8% Asian and 1% Black. Ethnicity is broken down with Hispanic at 40% and non-Hispanic at 60%.
- The median household income for the area is \$48,600 with over 19% of the population considered living in extreme poverty.
- 19% of the population under 65 is uninsured.
- Within the service area, 83.47% of residents have attained a high school diploma and 18% have a bachelor's degree or higher.



Priority Areas Identified

Between March and August 2015, community input through interviews and surveys was gathered and summarized through the San Joaquin CHNA Collaborative. Of all the indicators reviewed, the following 11 health and environmental priorities were identified as concerns for the greater San Joaquin County area:

1. Obesity and Diabetes
2. Youth Growth and Development
3. Violence and Injury
4. Access to Housing
5. Mental Health
6. Asthma/Air Quality
7. Education
8. Economic Security
9. Substance Use
10. Access to Care
11. Oral Health

Lodi Memorial Hospital Prioritization Outcome

After input from the CHNA leadership and the key stakeholder groups, Lodi Memorial Hospital will focus its 2017 Community Health Plan on these priorities:

Priority Focus Promote Health and Well-being

Obesity

1. Activities to encourage a physically active lifestyle
2. Access to healthy food
3. Education outreach to all ages

Diabetes

1. Access to education
2. Risk Factor reduction

Access to Care

1. Lack of health insurance

Youth Development

1. Access to Youth programming
2. Youth Literacy
3. Teen Pregnancy prevention

Mental Health (Supportive Role)

1. Work with providers to increase education on access points



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Information Gaps

With any project undertaken there are always opportunities to engage more, gather more information, and reach further to touch the community members that are at most risk. However, this Community Health Development Team feels that the Community Health Needs Assessment undertaken in cooperation with the San Joaquin County collaborative is comprehensive in nature, including both primary and secondary research as well as informed through local hospital data.

As the Community Health Plan is not a static document, but a dynamic tool, routinely assessed and adjusted to ensure the maximum community impact, we are satisfied that we have the data necessary to craft and move forward with an impactful plan.





Community Health Needs Assessment Overview

[Link to Final CHNA Report](#)

[2016 Lodi Memorial Hospital CHNA Report - click here](#)

The CHNA report was completed within Federal guidelines. This report has been reviewed and approved by the Lodi Memorial Hospital Board of Directors and is now posted online. Please see link above.

Methodology for CHNA

The CHNA Framework and Prioritization Process

While the federal requirements mandating a community health needs assessment are relatively new, healthcare organizations have long been implementing plans to improve the communities served and engage in reporting those outcomes. In recent years, the process for conducting a community health needs assessment has evolved and is more formalized.

CHNAs identify and analyze community health needs and assets to prioritize, plan, and act upon unmet health concerns. Through collaboration with community partners, this community-driven process has a greater potential to enhance program effectiveness, leverage limited resources, and strengthen the public health system.

Lodi Memorial Hospital, through the HHNAC and the CHNAC, evaluated the data put forth by Harder+Company Community Research in a thorough review process.

The team undertook the following steps:

1. Reviewed the prior CHNA assessment from 2013 against the new findings to determine the sustained issue areas.
2. Reviewed the prior Community Health Plan from 2015 put forth by Lodi Memorial Hospital to address the 2013 CHNA assessment.
3. Considered the specific Qualitative Data from the focus group and key informant interview results.
4. Reviewed the social determinants report and community health profiles.
5. During the prioritization process, the group considered not only the input from the key audiences, but the potential for:
 - a. Opportunity for partnership
 - b. Existing resources in both the community and via the hospital
 - c. Continued issue area from prior CHNA

The goal of the CHNA process is to provide community members with the opportunity to attain optimal health outcomes.



Collaborative Partners

Lodi Memorial Hospital began the health needs assessment process by partnering with Harder+Company Community Research along with a full consortium of partners in the San Joaquin County area. This collaboration allowed for a more comprehensive assessment, along with the opportunity for synergy between health systems to more fully address key issues impacting the shared community.

Harder+Company Community Research is known for excellence in conducting and facilitating community health needs assessments. By facilitating the process, clients are aided in the gathering of information that provides necessary information to enable the creation and implementation of plans designed to make positive change in their community. Through collaboration, the consortium was informed of common themes throughout the global area service area as well as disparities existing within local communities. Using this data enables the collaborative to work together to achieve social impact through meaningful program evaluation and strategic planning efforts.

While Harder+Company Community Research led the process, the Core Planning Group included representatives from:

- ✓ Dameron Hospital Association
- ✓ Community Medical Centers
- ✓ Community Partnerships for Families
- ✓ First 5 San Joaquin
- ✓ Health Net
- ✓ Health Plan of San Joaquin
- ✓ Kaiser Permanente
- ✓ Lodi Memorial Hospital
- ✓ San Joaquin County Public Health Services
- ✓ St. Joseph's Medical Center
- ✓ Sutter Tracy Community Hospital

Working in collaboration with other health systems, insurance companies, non-hospital health providers broadened the perspective and provided a more informed process for the work group.

Interviews and secondary data collection were completed by the Harder+Company Community Research team. To evaluate both the global and local findings related to the Lodi Memorial Hospital PSA and SSA, two committees were formed and utilized at the hospital level:

- Hospital Health Needs Assessment Committee (HHNAC) – an internal team of employees at Lodi Memorial Hospital
- Community Health Needs Assessment Committee (CHNAC) – External stakeholders with some HHNAC representation. The CHNAC consists of key public health and community leaders representing needs of the community at large as well as minority and other at risk segments.



Community Health Needs Assessment Committee consisted of community leaders with demonstrated connections within the community. These leaders also brought the ability to identify opportunities for change based on population health data, and an intimate working knowledge of the market. The CHNAC met twice and provided additional input via email on the CHNA and CHP.

Members of the committee included:

- Barbara Alberson - San Joaquin County Public Health Services, Senior Deputy Director
- John Gordon - City of Galt School System, Board Member
- Jeff Hood - City of Lodi, Parks and Recreation Director
- Taj Khan - California Islamic Center, President
- Inez Kiriu - City of Galt, Finance Director (retired)
- Sally Snyder - WOW Science Museum, President
- Kevin Attride - Lodi Memorial Hospital, Assistant Vice President of Population Health
- Chris Hagen - Lodi Memorial Hospital, Director of Spiritual Care Services
- Desiree Magnant - Lodi Memorial Hospital, Community Health Needs Assessment Coordinator
- Janelle Meyers - Lodi Memorial Hospital, Director of Marketing and Public Relations
- Jason Whitney - Lodi Memorial Hospital, Vice President of Operations

Public Health

Barbara Alberson of San Joaquin County Public Health Services represented the Public Health sector during the needs assessment process. With her Masters of Public Health and years of experience in the field she brings a wealth of knowledge to the Lodi Memorial Hospital CHNA process. Ms. Alberson has been a driving force at not only the county level, but also taken personal interest in Lodi and its health service area. We would like to recognize her leadership in the overall process.

Data Sources

Data utilized in this CHNA assessment includes both primary data through interviews and focus groups, as well as secondary data sources, including local health, county, and state, federal as well as from nationally recognized data sources. Key health indicators, morbidity, mortality, and various social determinants of health from the Census, Centers for Disease Control and Prevention, and various other state and federal databases has been incorporated into this report.

To validate data and ensure a broad representation of the community, Lodi Memorial Hospital contracted with Harder+Company Community Research firm as a part of their oversight of the CHNA to conduct key interviews and focus groups. Questions focused on access to, and use of, health care services; vision of a healthy community; and top community health needs and barriers to accessing resources.

The full data book can be found in the Community Health Needs Assessment [online here](#).



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Community Voices

A diverse cross-section of community members participated in the survey and focus group process. All critical access-groups including the medically underserved, low-income and at-risk minority segments were represented in this informational gathering section of the CHNA. Having the depth of input from representatives of those areas most greatly helped the work group compile tactics to meet their needs.





Identified Priority Needs from 2016 CHNA

TOPIC: Obesity, Diabetes and Chronic Disease – NUTRITION EDUCATION

Goal Statement: We envision a community where residents can eat healthy.

National trends demonstrate an explosion of chronic disease best demonstrated through the rising rates of youth and adult obesity. Conditions such as cardiovascular disease and diabetes go hand in hand with obesity and are highlighted as common co-morbid conditions by organizations such as American Heart Association and American Diabetes Association. Data indicates that more than a third of US adults and roughly 17% of youth are overweight. In the state of California, 22.4% of adults are considered obese, and closer to home, 28% of adults and 21% of youth living in the greater Lodi area are obese, an outcome which is greater than both the state and national figures.

While the risk for obesity can be a combination of genetics, culture and environment, a healthy diet and an active lifestyle can combat the condition and reverse the impact with intentional focus.

Goal 1: Increase community knowledge of healthy nutrition.

Objective 1: Conduct educational programming both free and fee-based.

- Continue and expand current hospital based programming for diabetes education, cardio and pulmonary support, and nutritional counseling.
- Provide nutritional support services accessible to the entire community, regardless of their ability to pay.

Objective 2: Partner with community organizations and faith-congregations to conduct children-focused nutritional education.

- Conduct series of educational and cooking classes to increase parent and children's knowledge about healthy eating and nutrition.

Objective 3: Collaborate with area organizations and churches to conduct healthy eating lecture events.

- Conduct several healthy eating programs within targeted community areas.

Intermediate Objective: Increase community knowledge through population health nutrition strategy

Objective 1: Conduct nutritional education programs in at risk communities.

Objective 2: Create stronger ties among care providers, community leaders, and people within at-risk communities to support nutritional and lifestyle modification.

Long-term Objective: Provide educational opportunities and healthier food options among at-risk communities.



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Objective 1: Partner with select Lodi Unified School District sites and programs to create systematic improvement in health and nutrition education among children, especially in at-risk communities.

Objective 2: Identify sustainable food partners such as community garden or pop-up fresh food markets to provide more nutritious food options within at-risk communities.

Short-term Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase community nutritional knowledge through hospital service line strategic plans	Continue free and fee-based programs	Per each service line	# of events, # of attendees, survey outcome of participants	Hospital Data
Conduct educational events “to-go” in at-risk communities with community partners	# of lectures, # of attendees	Quarterly program	# of attendees, survey outcome of participants	Hospital Data

Community Partners

Partner Organization	Role in Addressing Priority Need
Partnering churches in and around targeted communities	Partnering churches to support education activities for the targeted community areas.
Lodi Unified School District	Charged with the education and development of Lodi’s children



TOPIC: Obesity, Diabetes and Chronic Disease – ACTIVE LIFESTYLE

Goal Statement: We envision a community where residents can have an active lifestyle.

An active lifestyle is critical to the prevention and reversal of chronic diseases. Physical activity can improve overall health. People who are physically active live longer and have lower risks for heart disease, stroke, type 2 diabetes, depression, and some cancers. Per the Centers for Disease Control, a community can create the necessary foundations for the success of its citizens, including things as simple as stairwells, bicycle paths, walking paths, exercise facilities, and swimming pools that are available, accessible, attractive and safe, all which may play a role in how much and the type of physical activity people engage in. Lodi Memorial Hospital and the City of Lodi will be working together to improve access to safe, affordable and effective programs that can impact active lifestyle choices for those living in the area.

Goal 2: Increase access to physical activity

Objective 1: Offer support services to enhance physical activity.

- Continue to offer reduced rate pricing for the Lodi Memorial Hospital Fitness Center, which targets patients in greatest need of physical activity to prevent/minimize disease progression.

Objective 2: Partner with area organizations to increase opportunity for activity within our community.

- Offer health/fitness education within schools through mentorship programs.
- Partner with community entities to support physical education and activities for youth in targeted communities.

Objective 3: Collaborate with organizations to promote broader awareness about the importance of activity.

- Sponsor the local American Heart Association Heart Walk and Walk for the Health of It events.

Intermediate Objective: Increase community knowledge through intentional public service campaign in conjunction with the Lodi Chamber

Objective 1: Conduct public service campaign in the greater Lodi area with an emphasis on messaging in at-risk areas.

- Partner with the Lodi Chamber of Commerce Health Value Action Team collaborative to promote a campaign for area employers around wellness including healthy eating and active lifestyle. Consider national branded messages for ease of deployment.



Long-term Objective: Improve community active lifestyle through Lodi Memorial Hospital Population Health activity plan.

Objective 1: Work with the Lodi Chamber of Commerce Health Value Action Team collaborative to identify a unified health message to promote well-being and high quality lifestyle for those that live in the greater Lodi Memorial Hospital service area. The focus will center on:

- Developing a culture of health, wholeness and hope through collaborative efforts across key partners.

Objective 2: Partner with select Lodi Unified School District sites to create systematic exercise programs that build a culture of children being physically active, especially in at-risk communities.

Objective 3: Implement population health strategies to promote systematic screening, preventive opportunities, and lifestyle modification to reverse chronic disease trends.

Short-term Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Promote and offer reduced pricing to Lodi Memorial Hospital Fitness Center	# enrolled in the fitness center	Addition of x new members	# of new enrollees, survey outcome of participants	Hospital Data
Partner with area organizations to promote and offer active lifestyle opportunities	# of current hospital programs	X new partnerships, x people participating	# of people impacted, survey outcome of participants	Partner Organizational Data
Create broader awareness of need for active lifestyle	Prior sponsorship	# of walkers, # of community impressions through awareness activities	# of walkers, impression counts	American Heart Association, Lodi Memorial Foundation



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Community Partners

Partner Organization	Role in Addressing Priority Need
American Heart Association	Heart Walk partner
Lodi Unified School District	Charged with the education and development of Lodi's children
Lodi Chamber of Commerce Partners	Partners with at-risk youth and families to thrive holistically.





TOPIC: Access to Care

Goal Statement: Improve access to comprehensive, quality health care services

Access to quality health care is critical to early detection/prevention, consistent medical care and chronic disease management. Key themes that surfaced in the 2016 CHNA focus groups and interviews in our community are:

- Providers lack availability; often not accepting new patients or long appointment wait times
- Need for culturally appropriate care
- Residents lack knowledge about how to access care
- Integration of primary care and mental health care not strong enough
- Undocumented population and agricultural workers face unique barriers to access health insurance and care.

Currently in the Lodi PSA, the percent of uninsured is at 17.52% which is higher than both the state and the US. This has continued despite Lodi Memorial Hospital's success in the past several years, in enrolling residents in Expanded Medi-Cal under the ACA. Challenges still exist and will be addressed.

Goal 1: Increase access to primary care

Objective 1: Recruit new primary care providers to the Lodi Memorial Hospital Primary Service Area.

- Continue to recruit primary care physicians and mid-level providers to ensure adequate access to primary care for population served.

Objective 2: Continue to provide the WEROC Free Clinic services to the community.

Objective 3: Continue to provide primary care services to at-risk populations despite sustaining financial losses to provide coverage.

Objective 4: Provide physicals to students to keep them in optimal health.

Goal 2: Impact lack of knowledge

Objective 1: Provide education on care access points for at-risk populations.

- Create collaterals in multiple languages to educate on all care access points.
- Distribute collaterals via free clinic and partners to those in at-risk areas.

Goal 3: Increase continued insurance enrollment



Objective 1: Promote enrollment of uninsured into appropriate government programs.

- Social workers, ER staff, office staff members and others hand-hold the enrollees through appointed process.

Intermediate Objective: Create care management and medical home models that promote proper access across the care continuum, rendering more appropriate coordination and interventions.

Objective 1: Develop care management activities for at-risk populations.

Objective 2: Decrease ER visits by improving use of primary care visits, providing service at our free clinic, and better supporting individuals with high ER utilization.

Objective 3: Assess the current enrollment process and identification of those that need a medical home due to uninsured or underinsured status.

Long-term Objective: Develop and launch Lodi Memorial Hospital Population Health Plan

Objective 1: Working in conjunction with the Adventist Health system team, the San Joaquin County Health Department, and other key stakeholders across the county, develop a sustainable population health strategy to address the needs of the greater Lodi area.

Objective 2: Investigate how to locate primary care services closer to at-risk populations.

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Recruit new primary care physicians and mid-level providers into the service area.	Medical provider per 100,000 population	10 new primary care and specialty providers	# recruited	Hospital Data
Provide free services through the WEROC Clinic for those that don't qualify for insurance	# seen in 2016	Maintain or below prior year actual	# seen in 2017	Hospital Data
Provide education on care access points for at-risk	Current collaterals	New materials created and distributed	# of collaterals distributed.	Partner organizations Data



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communities, including those with language barriers.

Continue promotion of enrollment into appropriate government programs.	# of uninsured seen at Lodi Memorial Hospital and affiliated access points in 2016.	Decrease volume of uninsured patients from prior year.	# enrolled into insurances in 2017.	Hospital Data
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TOPIC: Youth Development

Goal Statement: We envision a community where the youth will thrive.

Per the primary and secondary data reported in the county CHNA, youth development tends to be undermined by trauma and violence, unhealthy family functioning, exposure to negative institutional environments and practices, and insufficient access to positive youth activities, among other things.

In the greater Lodi area, youth development continues to be a high priority issue. Statistics and input indicate that the outlook for many of the community youth holds limited prospects. The category of youth development encompasses physical, social and emotional development of our youth so that they can reach their fullest potential as adults.

The major factors affecting youth in their pursuit of full potential are:

- Exposure to trauma
- Educational attainment
- Engagement with the foster care system
- Delinquency
- Teen pregnancy

We believe one critical factor to the successful development of youth is literacy. The ages from birth to 5 are most critical to brain development, and children that have been nurtured during these developmental years have a higher likelihood of becoming successful adults.

To that end, Lodi Memorial Hospital is committed to helping youth thrive through partnering for early development.

Goal 1: Make an impact on early youth development with an emphasis on literacy.

Objective 1: Promote Camp Hutchins Pre-school programming.

- Continue to offer discounted enrollment

Objective 2: Provide education and mentorship.

- Working in conjunction with the area schools and non-profit organizations, represent all that the field of healthcare can represent for future careers.

Objective 3: Sponsor and support organizations dedicated to helping youth in the community.

- Partner with youth-focused organizations to positively affect youth in at-risk communities.



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Intermediate and Long-term Objectives: Continue working with the Lodi Chamber of Commerce, Lodi Unified School District and area partners to identify and support youth programs that will increase literacy, enhance transitions into the workplace, and improve overall well-being.

Short-term Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Continue Camp Hutchins program including discounted enrollment and scholarships for at-risk community.	Population served	X scholarships provided.	# enrolled	Hospital Data
Participate in Youth Mentorship programs	Current programs	X additional programs participated in 2017.	# impacted	Partner organizations Data

Community Partners

Partner Organization	Role in Addressing Priority Need
Lodi Unified School District	Charged with the education and development of Lodi’s children
Lodi Chamber of Commerce	Collaborative focus on community health



TOPIC: Mental Health – Supporting Role

Goal Statement: We will strive to ensure the greater Lodi community is aware of the mental health services available and aide in connecting them to that care.

Mental Health continues as a concern for those interviewed as a part of the 2016 CHNA process. The emotional, behavioral and social well-being of the community was on the mind of 26.7% of those interviewed as they emphasized the need for stronger programs in place to address needs. Conditions such as chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, have a profound consequence on health behavior choices and physical health per the CHNA findings.

29.1% of adults over the age of 18 feel inadequate social/emotional support, and adolescents in California have seen a rise in recent years of mental health concerns with 9.1% of them experiencing a mental health episode annually. Once again poverty can be an underlying factor of depression and lack of hope in the future. Data indicated higher than state outcomes on both:

- The average number of unhealthy days a month
- Percent of adults likely experiencing serious psychological distress in the past year

Key themes in our service area include:

Toxic stress prevalence in community

- Stress of poverty; racism/discrimination
- Hopelessness

Co-morbidity: mental health and substance abuse

- Self-medication
- Life stress and substance abuse linked

Trauma/PTSD because of violence

- Family violence/individual adverse events
- Community violence

These items require the special help that mental health providers can bring. Lodi Memorial Hospital is committed to creating a greater awareness around existing resources that community members can access, and exploring potential partnership for increasing mental health resources local to Lodi.



Goal 1: Create an asset inventory of mental health resources and promote them.

- Objective 1: Create an information resource collateral sheet for sharing.
- Objective 2: Add a mental health resource tab to the Lodi Memorial Hospital website.
- Objective 3: Participate in county-wide taskforce to collaborate on mental health improvements.

Intermediate and Long-term Objectives: Work to identify potential mental health specialty partners to locate resources in or near Lodi Memorial Hospital and in partnership with the existing mental health provider.

- Objective 1: Investigate how San Joaquin County can invest in more mental health support services and providers in the Lodi Memorial Hospital PSA.
- Objective 2: Investigate how to provide improved support to individuals with high ER utilization, many of which suffer from mental health challenges.

Short-term Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Create asset inventory resource sheet for promotion	Create collateral	Provide collateral in key access locations including Urgent Care, ER, Physician offices and throughout at-risk communities.	Creation and distribution of collateral	Hospital Data
Add Mental Health Resources tab to the Lodi Memorial Hospital website	Create digital content	Create digital content	Post content	Hospital Data



Identified Needs from CHNA, Not Addressed

Lodi Memorial Hospital Areas Not Addressed from the CHNA

With 11 indication areas noted in the community health needs assessment, the community advisory board and the community health leadership team felt it was important to refine the areas down to those where meaningful impact and progress could be made. Those prioritized/identified areas have been noted above.

The below are the remaining areas:

1. Violence and Injury
2. Access to Housing
3. Substance Abuse
4. Economic Security
5. Oral Health
6. Asthma and Air Quality

Six of the 11 prioritized health needs identified by the CHNA collaborative are not being addressed in Lodi Memorial Hospital's current implementation plan. The rationale for this is two-fold: First, these needs are not aligned with our core mission and competencies at Lodi Memorial Hospital. Second, other organizations in the community are better equipped to offer programs and services focused on these needs.

Lodi Memorial Hospital is committed to continuing to work within the San Joaquin Community Health collaborative and in conjunction with the Lodi Chamber on its Health VAT initiatives to further improve the overall health and well-being of the community served.

Making a difference: Evaluation of 2014-2016 CHP

The below Priority Summaries provide a snapshot at the tactics used and outcomes experienced for a systematic approach to our community's health needs in the 2016 Community Health Plan.

Priority 1 – Access to Primary, Specialty, and Preventive Care

Objective: Increase access to health services through provision of health care at our practices and developing partnerships with community organizations.

Goals:

- Utilize resources to their utmost capacity to address health needs of the community's most vulnerable populations.
- Support community partners in developing or delivering services that assist Lodi Memorial Hospital in addressing priority health needs.
- Support Covered California.

Objective: Increase access to health services through provision of healthcare at our practices and developing partnerships with community organizations.

Interventions:

1. Provide ongoing primary care and referrals through Lodi Memorial Hospital's free outreach, primary care, and pediatric practices.
2. Provide urgent care and emergency services to community members through the urgent care clinic and emergency room, and referral to ongoing primary care services.
3. Provide financial support for faith-based nursing programs, which provide health outreach and education to congregations in the Lodi Memorial Hospital service area.
4. Adopt needy schools in Lodi Unified School District and using established models, conduct events to improve health of students and families.
5. Donate hours, equipment, financial resources, and space to community partners.
6. Develop plan based on examination of asset mapping.
7. Provide enrollment services/assistance to individuals and families for Covered California.

Outcomes:

1. 101,158 patient visits were provided at Lodi Memorial Hospital's free outreach, primary care, and pediatric practices, which was a slight decrease from 2015 of 108,911 patient visits. Uninsured patients continue to receive referrals.
2. The emergency department and urgent care visits were up from last year, with a combined sum of 65,141 patient visits, an increase of 3,033 visits over 2015. Patients continue to receive referrals.
3. Lodi Memorial Hospital provided meeting room/space for many community groups, valued at \$21,650 an increase of nearly \$5,000 over prior year.
4. GEHC Camden Group provided Lodi Memorial Hospital with a Physician Assessment in February 2016. This document continues to inform the recruitment process.
5. Covered California registration has been completed. There are currently 3,420 patients participating in Covered California plans, which is an increase of 1,425 from the prior year.



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Priority 2 – Culturally Appropriate Care

Goal: Provide culturally appropriate care for our patients.

Objective: Ensure culturally appropriate care through policy and workforce development.

Interventions:

1. Ensure that trained, dedicated interpreters are available in person and by telephone to work with staff and patients who speak Spanish, Urdu/Hindi, Pashtu, and Punjabi.
2. Develop a plan to recruit and retain Spanish-speaking providers, nurses and clinicians.
3. Provide education to providers and hospital staff focused on culturally appropriate care, i.e., diversity and cultural sensitivity training.
4. Examine patient care policies with an eye toward cultural appropriateness.

Outcomes:

1. Two full-time certified interpreters served Lodi Memorial Hospital patients throughout the hospital. There are nearly 150 certified interpreters in the ancillary departments that provide interpretation in four different languages. Two computerized sign language interpreter modules have also been incorporated into the business practice.
2. Lodi Memorial Hospital currently has five employed providers that speak Spanish and is continuing to recruit Spanish speaking providers.
3. Annually, Lodi Memorial Hospital staff receive diversity and cultural sensitivity training/education through an online training module.

Priority 3 – Health Literacy Education

Goal: Improve health and well-being for community members.

Objective: Deliver health education that positively affects health behaviors leading to improved health and increased knowledge about when and how to seek care.

Interventions:

1. Participate in community health fairs and events that help maintain healthy communities.
2. Provide health education, chronic disease management, and nutrition classes to the public at low or no cost.
3. Provide information about general health, nutrition, chronic disease management, and available classes to the community through the Lodi Memorial Hospital website.
4. Provide culturally and education-level appropriate health information to the community through the Lodi Memorial Hospital resource library, medical library, health fairs, and classes.



Outcomes:

1. 95 staff members provided over 1,050 hours at educational community lectures and local health fairs, which significantly increased over 2015. Clinicians provided free blood pressure checks, balance testing, hand hygiene education, preventative screenings and distributed various other information and products. The direct value of screenings was noted at \$1,581.
2. Lodi Memorial Hospital provided 15 educational lectures and offered 11 separate monthly free or reduced fee support group educational classes. Support groups provided free space in the building resulted in \$21,650 in community benefit and 531 attendees.
3. The hospital website averaged 22,763 monthly visits or a total nearly 275,000 for the year. In 2014, we had 205,249 website visits.

Lodi Memorial Hospital sponsored 22 events and/or organizations in 2016 with a community benefit of \$23,810. During those events, Lodi Memorial Hospital provided 427 man hours of support through 28 employees and reached more than 36,500 community members.

Priority 4 – Access to Mental Health Care

Goal: Utilize resources to their utmost capacity to address mental health needs of the community's most vulnerable populations.

Objective: Increase access to mental health services through increasing internal capacity and building partnerships with existing programs.

Interventions:

1. Conduct an internal assessment and use results of CHNA asset analysis to develop linkages with existing programs and organizations and leverage these to achieve goals.
2. Continue to allow support groups access to hospital for meeting locations.

Outcome:

1. Lodi Memorial Hospital recruited and manages the practice of Dr. Walter Lampa, a local Psychiatrist.
2. Lodi Memorial Hospital also has Psychologist Dr. David Robinson on its medical staff.

Priority 5 – Safe and Affordable Places to Exercise

Goal: Promote a healthier and more physically active community.

Objective: Provide opportunities for community members to safely engage in physical activity.

Interventions:

1. Provide access to the West Fitness Center for elderly and other interested community members.
2. Provide sports and physical activity options at Camp Hutchins program.
3. Sponsor free access to community pool for youth during the summer time.



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4. Explore feasibility of building a facility that would offer access to the community, exercise equipment and classes, and sponsor scholarships and reduced rates.

Outcomes:

1. Average daily attendance at West Fitness was 142, an increase of two attendees daily over 2015.
2. Visits to Camp Hutchins increased from 13,300 in 2015 to 15,600 in 2016. Plans to increase the physical activity programs are ongoing.
3. Community pool was closed for renovations, so Lodi Memorial Hospital was unable to partner there as planned.
4. The opening of three new health clubs in the community changed the focus of the plan to build a new "wellness" facility. Plans are ongoing.

Strategic Partner List

Lodi Memorial Hospital works with local partners to augment our own efforts, and to promote a healthier community. Partnership is not used as a legal term, but a description of the relationships of connectivity that are necessary to collectively improve the health of our region. One of our objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

Community Partners

• American Cancer Society	• Lodi Unified School District
• American Red Cross	• Loel Center
• American Heart Association	• March of Dimes
• Alcoholics Anonymous	• Salvation Army of Lodi
• City of Galt	• San Joaquin County Health Department
• City of Lodi	• Stockton Chamber of Commerce
• Delta Blood Bank	• United Way
• Kiwanis Club of Greater Lodi	• Weight Watchers
• Lodi Seventh-day Adventist Elementary and Lodi Academy	• WOW Museum
• Lodi Chamber of Commerce	

Community Benefit Inventory

Lodi Memorial Hospital knows working together is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions taken from our Community Benefit Inventory for Social Accountability (CBISA) software and documented activities.

2016 Community Benefit Investments

Priority Need	Interventions	Description	Partners	# of community members served	Measures of Success/Outcomes
Priority 1 - Access to Primary, Specialty and Preventive Care	Provide ongoing primary care and referrals through Lodi Memorial Hospital's free outreach, primary care, and pediatric practices.	Access to care for those that need it most.	NA	101,158 patient visits	101,158 patient visits were provided at Lodi Memorial Hospital's free outreach, primary care, and pediatric practices, which was a slight decrease from 2015 of 108,911 patient visits. Uninsured patients continue to receive referrals.
	Provide urgent care and emergency services to community members through the urgent care clinic and emergency room, and referral to ongoing primary care services.	Access to care for those that need it most.	NA	65,141 patient visits	The emergency department and urgent care visits were up from last year, with a combined sum of 65,141 patient visits, an increase of 3,033 visits over 2015. Patients continue to receive referrals.



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<p>Support free access to community non-profits to provide necessary resources for those in need.</p>	<p>Donated hours, equipment, financial resources, and space to community partners.</p>	<p>Better breathers Cardiac Rehab Diabetes Bariatric Adult Children w/ aging relatives Lactation Al-anon Kiwanis Delta Blood Bank Smoking Cessation Program Living with Diabetes Class Childbirth Education Breastfeeding Classes Big Brother/Big Sister Class Diabetes Health Fair Wellness Fair Senior Awareness Day Senior Fair Amen Clinic Falls Prevention Program AHA Heart Walk Celebration on Central Field & Fair Day Farmer’s Market</p>	<p>40,487 served along with meeting space valued at \$21,650</p>	<p>Lodi Memorial Hospital provided meeting room/space for many community meetings and also for several community non-profit groups, valued at \$21,650 an increase of nearly \$5,000 over prior year.</p>
<p>Develop recruitment plan based on examination of asset mapping.</p>	<p>Conduct physician needs assessment to inform the process of recruitment for increased access to primary, specialty</p>	<p>GEHC Camden Group</p>	<p>Plan completed</p>	<p>GEHC Camden Group provided Lodi Memorial Hospital with a Physician Assessment in February 2016. This document continues</p>



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		and preventive care.			to inform the recruitment process.
	Provide enrollment services/assistance to individuals and families for Covered California	Assist in enrollment of patients into Covered California for improved health access.	Covered California	3,420 patients	Covered California registration has been completed. There are currently 3,420 patients participating in Covered California plans, which is an increase of 1,425 from the prior year
Priority 2: Culturally Appropriate Care	Ensure that trained, dedicated interpreters are available in person and by telephone to work with staff and patients who speak Spanish, Urdu/Hindi, Pashtu, and Punjabi.	Provide access to care in native language.	Internal interpreter team, Sign Language module	Over 1,200 patients were provided access to language services with the majority falling into seven primary languages and others in the "other" category.	Two full-time certified interpreters served Lodi Memorial Hospital patients throughout the hospital. There are nearly 150 certified interpreters in the ancillary departments that provide interpretation in four different languages. Two computerized sign language interpreter modules have also been incorporated into the business practice.
	Develop a plan to recruit and retain Spanish-speaking providers, nurses and clinicians.	Provide access to care in native language.	Physician partners	We continue to recruit bi-lingual providers.	Lodi Memorial Hospital currently has five employed providers that speak Spanish and is continuing to recruit Spanish speaking providers.



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	Provide education to providers and hospital staff focused on culturally appropriate care, i.e., diversity and cultural sensitivity training.	Provide access to care in native language and with compassion towards a variety of cultures.		Annual Orientation, Diversity Training events were conducted by Human Resources.	Annually, Lodi Memorial Hospital staff receive diversity and cultural sensitivity training/education through an online training module
Priority 3: Health Literacy Education	Participate in community health fairs and events that help maintain healthy communities.	Provide opportunities for improved health literacy.	Alcoholics Anonymous, Kiwanis Club, American Red Cross, Delta Blood Bank, Weight Watchers, Liberty High School, Leadership Lodi, Geweke Real Estate, Grocery Store Tour, Stockton Chamber, Bureau of Prisons - Western Regional, Lodi Chamber of Commerce, Lodi Middle School	37,666 community members	95 staff members provided over 1,050 hours at educational community lectures and local health fairs, which significantly increased over 2015. Clinicians provided free blood pressure checks, balance testing, hand hygiene education, preventative screenings and distributed various other information and products. The direct value of screenings was noted at \$1,581.00
	Provide health education, chronic disease management, and nutrition classes to the public at low or no cost.	Provide opportunities for improved health literacy.	Lodi Memorial Hospital programs	531 attendees	Lodi Memorial Hospital provided 15 educational lectures and offered 11 separate monthly free or reduced fee support group educational classes. Support groups provided free space in the building resulted in \$21,650 in community benefit and 531 attendees.



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	Provide information about general health, nutrition, chronic disease management, and available classes to the community through the Lodi Memorial Hospital website.	Provide opportunities for improved health literacy.		273,176 visits	The hospital website averaged 22,763 monthly visits or a total nearly 274,000 for the year.
	Deliver health education that positively affects health behaviors leading to improved health and increased knowledge about when and how to seek care.	Provide opportunities for improved health literacy.	American Red Cross, Senior Awareness Day, San Joaquin Medical Society, American Cancer Society, Loel Center, Lodi Chamber of Commerce, American Heart Association, March of Dimes, United Way, Salvation Army, Delta Blood Bank, Delta College, Lodi Middle School, Liberty High School, Leadership Lodi, Geweke Real Estate, Stockton Chamber, Bureau of Prisons	36,500 community members	Lodi Memorial Hospital sponsored 22 events and/or organizations in 2016 with a community benefit of \$23,810. During those events, Lodi Memorial Hospital provided 427 man hours of support through 28 employees and reached more than 36,500 community members.
Priority 4: Access to Mental Care	Conduct an internal assessment and use results of CHNA asset analysis to develop linkages with existing programs and organizations and leverage these to achieve goals.	Utilize resources to their utmost capacity to address mental health needs of the community’s most vulnerable populations.		2,739 patient visits	1. Lodi Memorial Hospital recruited and manages the practice of Dr. Walter Lampa, a local Psychiatrist. 2. Lodi Memorial Hospital also has Psychologist Dr. David Robinson on staff.



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Priority 5: Safe and Affordable Places to Exercise	Provide access to the West Fitness Center for elderly and other interested community members.	Promote a healthier and more physically active community.	NA	142 members per day average attendance.	Average daily attendance at West Fitness was 142, an increase of two attendees daily over 2015.
	Provide sports and physical activity options at Camp Hutchins program.	Promote a healthier and more physically active community.	Family Resource and Referral	15,600 visits, including 10-15 families benefiting from scholarships.	Visits to Camp Hutchins increased from 13,300 in 2015 to 15,600 in 2016. Plans to increase the physical activity programs are ongoing.

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if much of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population
- 2) Factors that cause the present outcomes distribution
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors
- 2) Improve care quality and patient safety
- 3) Advance care coordination across the health care continuum

Our mission as a health system is to live God's love by inspiring health, wholeness and hope, and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Financial Assistance Policies

Providing Aide for Times of Need

Adventist Health is committed to providing Financial Assistance to patients who have sought Emergency Medical Care or Medically Necessary Care but have limited or no means to pay for that care. Financial Assistance refers to what is commonly known as Charity Care and Discounted Care. Adventist Health will provide, without discrimination, Emergency Medical Care or Medically Necessary Care as defined in its policy to individuals regardless of their ability to pay, their eligibility under the policy, or eligibility for government assistance.

Adventist Health provides notice of the availability of Financial Assistance by various means, which may include, but are not limited to, the publication of posted, conspicuous notices in emergency rooms, in the Conditions of Registration form, in admitting and registration areas, in facility Patient Financial Services, and other public places as the facility may elect. One post-discharge billing statement will include standard language informing patients they may request financial screening to determine eligibility for Financial Assistance and how the request may be made. At no cost to the patient, the facility shall publish and widely publicize a plain language summary of this Financial Assistance policy and the policy itself on the facility website, in brochures, by mail and at other places within the community served by the facility as the facility may elect. Such notices and summary information shall be provided in the primary languages of the patient when the patient is identified as being within a Limited English Proficiency (LEP) group. In addition to the above, Adventist Health provides individual notice of Financial Assistance availability to any patient who may be at risk of meeting their financial responsibility. Referral of patients for Financial Assistance may be made by any member of the facility staff or medical staff. A request for charity may be made by the patient or his or her guardian or family member, subject to applicable privacy laws.

Individuals can receive information about the Financial Assistance policy, free of charge, by calling 1-844-827-5047 or by writing to:

Adventist Health
ATTN: Financial Assistance
PO Box 619122
Roseville, CA 95661

More can information can be found by accessing our link, <https://www.lodihealth.org/index.php/for-patients/financial-assistance>

Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Valuation of Community Benefit

Year 2016

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. DBA LODI MEMORIAL HOSPITAL		
Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	3,908,579	1.76%
Medicaid and other means-tested government programs	9,347,213	4.20%
Community health improvement services	6,222,631	2.80%
Health professions education	82,829	0.04%
Subsidized health services	1,974,516	0.89%
Research	-	-
Cash and in-kind contributions for community benefit	299,776	0.13%
Community building activities	364,923	0.16%
TOTAL COMMUNITY BENEFIT	22,200,467	9.98%
Medicare	Net Cost	% of Total Cost
Medicare shortfall	-	-
TOTAL COMMUNITY BENEFIT WITH MEDICARE	22,200,467	9.98%

Appendices

Glossary of Terms

Medical Care Services (Charity Care and Un-reimbursed Medi-Cal and Other Means Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or portion of the services. Charity Care does not include: a) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government programs, and the revenue derived there from; or c) contractual adjustments with any third-party payers. Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and by cost associated with, Charity Care, Medicaid, and other means-tested government programs.

Community Health Improvement

Interventions carried out or supported and are subsidized by the health care organizations, for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services. These activities are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the healthcare organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Subsidized Health Services – Clinical and social services that meet an identified community need and are provided despite a financial loss. These services are provided because they meet an identified community need and if were not available in the area they would fall to the responsibility of government or another not-for-profit organization.

Financial and In-Kind Contributions – Contributions that include donations and the cost of hours donated by staff to the community while on the organization's payroll, the indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. Financial and in-kind contributions are given to community organizations committed to improving community health who are not affiliated with the health system.

Community Building Activities – Community-building activities include interventions the social determinants of health such as poverty, homelessness, and environmental problems.



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Health Professions Education and Research

Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education or training programs available exclusively to the organization's employees and medical staff, or scholarships provided to those individuals. Costs for medical residents and interns may be included.

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal)

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

<input checked="" type="checkbox"/> System-wide Corporate Policy	Corporate Policy	No. AD-04-006-S
<input checked="" type="checkbox"/> Standard Policy	Department:	Administrative Services
<input type="checkbox"/> Model Policy	Category/Section:	Planning
	Manual:	Policy/Procedure Manual

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. **Community Health Needs Assessment (CHNA):** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. **Community Health Plan:** The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. **Community Benefit:** A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S
Author: Administration
Approved: SMT 12-9-2013, AH Board 12-16-2013
Review Date:
Revision Date:
Attachments:
Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors



2017 Community Health Plan

This community health plan was adopted on April 20, 2017, by the Adventist Health System/West Board of Directors. The final report was made widely available on May 15, 2017.

CHNA/CHP contact:

Janelle Meyers
Director of Marketing & Public Relations

Phone: 209-339-7487
Email: meyersjm01@ah.org

Lodi Memorial Hospital
975 S. Fairmont Avenue
Lodi, CA 95240

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx>